



General Assembly

January Session, 2013

Amendment

LCO No. 7328

SB0097207328SD0

Offered by:

SEN. BARTOLOMEO, 13th Dist.
SEN. BYE, 5th Dist.
SEN. GERRATANA, 6th Dist.
SEN. SLOSSBERG, 14th Dist.
SEN. DUFF, 25th Dist.
SEN. CRISCO, 17th Dist.
SEN. HARP, 10th Dist.

REP. URBAN, 43rd Dist.
REP. ABERCROMBIE, 83rd Dist.
REP. BUTLER, 72nd Dist.
REP. VARGAS, 6th Dist.
REP. HAMPTON, 16th Dist.
REP. WALKER, 93rd Dist.
REP. CUEVAS, 75th Dist.

To: Subst. Senate Bill No. 972

File No. 195

Cal. No. 177

"AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTHS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2013*) (a) Public and private
4 agencies and programs within the state that provide mental, emotional
5 or behavioral health services for children, insofar as they receive public
6 funds from the state, shall seek to prevent or reduce the long-term
7 negative impact of mental, emotional and behavioral health issues on
8 children by:

9 (1) Employing prevention-focused techniques, with an emphasis on
10 early identification and intervention;

- 11 (2) Ensuring access to developmentally-appropriate services;
- 12 (3) Offering comprehensive care within a continuum of services;
- 13 (4) Engaging communities, families and youths in the planning,
14 delivery and evaluation of mental, emotional and behavioral health
15 care services;
- 16 (5) Being sensitive to diversity by reflecting awareness of race,
17 culture, religion, language and ability;
- 18 (6) Establishing results-based accountability measures to track
19 progress towards the goals and objectives outlined in this section and
20 sections 2 to 5, inclusive, of this act;
- 21 (7) Applying data-informed quality assurance strategies to address
22 mental, emotional and behavioral health issues in children; and
- 23 (8) Improving the integration of school and community-based
24 mental health services.
- 25 (b) Emergency mobile psychiatric service providers, community-
26 based mental health care agencies and elementary and secondary
27 schools throughout the state shall execute memoranda of
28 understanding with each other to (1) improve coordination and
29 communication in order to enable such entities to promptly identify
30 and refer children with mental, emotional or behavioral health issues
31 to the appropriate treatment program, and (2) plan for any appropriate
32 follow-up with the child and family.
- 33 (c) Local and regional boards of education and local law
34 enforcement agencies shall, provided federal funds are available, train
35 school resource officers in nationally-recognized best practices to
36 ensure that students with mental health issues are neither victimized
37 nor disproportionately referred to the juvenile justice system as a
38 result of their mental health issues.

39 (d) The state shall seek to enhance early interventions, consumer
40 input and public information and accountability by requiring: (1) The
41 Department of Children and Families, in collaboration with agencies
42 that provide training for mental health care providers in urban,
43 suburban and rural areas, to provide phased-in, ongoing training for
44 mental health care providers in evidence-based and trauma-informed
45 interventions and practices; (2) the Department of Public Health to
46 increase family and youth engagement in medical homes; (3) the
47 Department of Social Services to increase awareness of the 2-1-1
48 Infoline program; and (4) each program that addresses the mental,
49 emotional or behavioral health of children within the state, insofar as
50 they receive public funds from the state, to increase the collection of
51 data on the results of each program, including information on issues
52 related to response times for treatment, provider availability and
53 access to treatment options. Not later than January 31, 2014, and
54 annually thereafter, each program that addresses the mental,
55 emotional or behavioral health of children within the state, insofar as
56 they receive public funds from the state, shall report, in accordance
57 with the provisions of section 11-4a of the general statutes, to the joint
58 standing committees of the General Assembly having cognizance of
59 matters relating to appropriations and children the results of the data
60 collected pursuant to subdivision (4) of this subsection.

61 (e) (1) The Department of Children and Families, in collaboration
62 with the Office of Early Childhood, shall provide, to the extent that
63 private, federal or philanthropic funding is available, professional
64 development training to pediatricians and child care providers to help
65 prevent and identify mental, emotional and behavioral health issues in
66 children by utilizing the Infant and Early Childhood Mental Health
67 Competencies, with a focus on maternal depression and its impact on
68 child development.

69 (2) The birth-to-three program, established under section 17a-248b
70 of the general statutes and administered by the Department of
71 Developmental Services, shall provide mental health services to any

72 child eligible for early intervention services pursuant to Part C of the
73 Individuals with Disabilities Education Act, 20 USC 1431 et seq., as
74 amended from time to time. Any child not eligible for services under
75 said act shall be referred to a licensed mental health care provider for
76 evaluation and treatment, as needed.

77 (f) The state shall seek existing public or private reimbursement for
78 (1) mental, emotional and behavioral health care services delivered in
79 the home and in elementary and secondary schools, and (2) mental,
80 emotional and behavioral health care services offered through the
81 Department of Social Services pursuant to the federal Early and
82 Periodic Screening, Diagnostic and Treatment Program under 42 USC
83 1396d.

84 Sec. 2. (NEW) (*Effective October 1, 2013*) Not later than July 1, 2014,
85 the Office of Early Childhood, in collaboration with public and private
86 agencies and programs providing home visitation services, shall
87 institute a coordinated system of home visitation programs to offer a
88 continuum of services to vulnerable families with young children,
89 including prevention, early intervention and intensive intervention.
90 Vulnerable families with young children may include, but are not
91 limited to, those facing poverty, trauma, violence, special health care
92 needs, mental, emotional or behavioral health care needs, substance
93 abuse challenges and teen parenthood. The system shall include: (1) A
94 common referral process for families requesting home visitation
95 programs; (2) a core set of competencies and required training for all
96 home visitors; (3) a core set of standards and outcomes for all
97 programs, including requirements for a monitoring framework; (4) a
98 method to ensure family assessment upon enrollment in order to
99 determine the appropriate referrals for each family and child; (5)
100 coordinated training for home visitation and early care providers, to
101 the extent that training is currently provided, on cultural competency,
102 mental health awareness and issues such as child trauma, poverty,
103 literacy and language acquisition; (6) established common outcomes;
104 (7) shared reporting of outcomes, including information on any

105 existing gaps in services, disaggregated by agency and program, which
106 shall be reported annually, pursuant to section 11-4a of the general
107 statutes, to the joint standing committees of the General Assembly
108 having cognizance of matters relating to appropriations, human
109 services and children; (8) home-based treatment options for parents of
110 young children who are suffering from severe depression; and (9)
111 intensive intervention services for children experiencing mental,
112 emotional or behavioral health issues, including, but not limited to,
113 relationship-focused intervention services for young children.

114 Sec. 3. (NEW) (*Effective October 1, 2013*) (a) The Department of Public
115 Health, in collaboration with the Department of Children and Families,
116 the Department of Education and the Office of Early Childhood, to the
117 extent that private funding is available, shall design and implement a
118 public information and education campaign on children's mental,
119 emotional and behavioral health issues. Such campaign shall provide:
120 (1) Information on access to support and intervention programs
121 providing mental, emotional and behavioral health care services to
122 children; (2) information on the importance of a relationship with and
123 connection to an adult in the early years of childhood; (3) strategies
124 that parents and families can employ to improve their child's mental,
125 emotional and behavioral health, including executive functioning and
126 self-regulation; (4) information to parents regarding methods to
127 address and cope with mental, emotional and behavioral health
128 stressors at various ages of a child's development and at various stages
129 of a parent's work and family life; (5) information on existing public
130 and private reimbursement for services rendered; and (6) strategies to
131 address the stigma associated with mental illness.

132 (b) Not later than October 1, 2014, and annually thereafter, the
133 Department of Public Health shall report, in accordance with the
134 provisions of section 11-4a of the general statutes, to the joint standing
135 committees of the General Assembly having cognizance of matters
136 relating to children and public health on the status of the public
137 information and education campaign implemented pursuant to

138 subsection (a) of this section.

139 Sec. 4. (NEW) (*Effective October 1, 2013*) (a) The Judicial Branch, in
140 collaboration with the Departments of Children and Families and
141 Correction, may seek public or private funding to perform a study (1)
142 disaggregated by race, to determine whether children and young
143 adults whose primary need is mental health intervention are placed
144 into the juvenile justice or correctional systems rather than receiving
145 treatment for their mental health issues; (2) to determine the
146 consequences that result from inappropriate referrals to the juvenile
147 justice or correctional systems, including the impact of such
148 consequences on the mental, emotional and behavioral health of
149 children and young adults and the cost to the state; (3) to determine
150 the programs that would reduce inappropriate referrals; and (4) to
151 make recommendations to ensure proper treatment is available for
152 children suffering from mental, emotional or behavioral health issues.

153 (b) Not later than October 1, 2014, and annually thereafter, the
154 Judicial Branch shall report, in accordance with the provisions of
155 section 11-4a of the general statutes, to the joint standing committees of
156 the General Assembly having cognizance of matters relating to
157 appropriations, children and the judiciary on the study conducted
158 pursuant to subsection (a) of this section.

159 Sec. 5. (*Effective July 1, 2013*) (a) There is established a Children's
160 Mental Health Task Force to study the effects of nutrition, genetics,
161 environmental toxins, complementary and alternative treatments and
162 psychotropic drugs on the mental, emotional and behavioral health of
163 children within the state. Members of the task force shall serve without
164 compensation but shall, within the limits of available funds, be
165 reimbursed for expenses necessarily incurred in the performance of
166 their duties. The task force shall: (1) Study the effects of nutrition,
167 genetics, environmental toxins, complementary and alternative
168 treatments and psychotropic drugs on the mental, emotional and
169 behavioral health of children; (2) gather and maintain current
170 information regarding said effects; and (3) advise the General

171 Assembly and Governor concerning the coordination and
172 administration of state programs that may address the impact of said
173 effects on the mental, emotional and behavioral health of children
174 using a results-based accountability framework.

175 (b) The task force shall consist of the Commissioner of Social
176 Services, or said commissioner's designee, the chairpersons and
177 ranking members of the joint standing committee of the General
178 Assembly having cognizance of matters relating to children, and eight
179 members appointed by the Commissioner of Children and Families as
180 follows:

181 (1) A dietitian-nutritionist licensed under chapter 384b of the
182 general statutes;

183 (2) A psychologist licensed under chapter 383 of the general
184 statutes;

185 (3) A child psychiatrist licensed to practice medicine in this state;

186 (4) A licensed and board-certified physician specializing in genetics;

187 (5) A public health expert specializing in the impact of
188 environmental toxins on children's health;

189 (6) A toxicology expert specializing in the impact of environmental
190 toxins on children's health;

191 (7) A full-time member of the faculty at a university or college in the
192 state specializing in the impact of environmental toxins on children's
193 health;

194 (8) A complementary and alternative medicine or integrative
195 therapy expert specializing in the treatment of physical, mental,
196 emotional and behavioral health issues in children; and

197 (9) An educator with expertise providing school-based mental
198 health services in collaboration with community-based mental health

199 service providers.

200 (c) All appointments to the task force shall be made not later than
 201 thirty days after the effective date of this section. Any vacancy shall be
 202 filled by the appointing authority.

203 (d) The chairpersons of the joint standing committee of the General
 204 Assembly having cognizance of matters relating to children shall serve
 205 as the chairpersons of the task force. Such chairpersons shall schedule
 206 the first meeting of the task force, which shall be held not later than
 207 sixty days after the effective date of this section.

208 (e) The administrative staff of the joint standing committee of the
 209 General Assembly having cognizance of matters relating to children
 210 shall serve as administrative staff of the task force.

211 (f) Not later than September 30, 2014, the task force shall submit a
 212 report on its findings and recommendations to the Commissioner of
 213 Children and Families and the joint standing committee of the General
 214 Assembly having cognizance of matters relating to children, in
 215 accordance with the provisions of section 11-4a of the general statutes.
 216 The task force shall terminate on the date that it submits such report or
 217 September 30, 2014, whichever is later."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	New section
Sec. 2	<i>October 1, 2013</i>	New section
Sec. 3	<i>October 1, 2013</i>	New section
Sec. 4	<i>October 1, 2013</i>	New section
Sec. 5	<i>July 1, 2013</i>	New section